## **Part A: General Information**

Facility Name:	1	Street Address:		
Faculty Name:		Street Address:		
City, State, ZIP:				
Telephone Number:	Contact .	Name, Title:		
2. Owner Information				
Owner Name:		Street Address:		
City, State, ZIP:				
Telephone Number:	Contact .	Name, Title:		
3. Operator Information				
Operator Name:		Street Address:		
City, State, ZIP:				
Telephone Number:	Contact I	Name, Title:		
Place an 'X' in front of the co	rrect address to send no	ext year's form:	Owner	Operato
4. Certification				·
I hereby certify that I have personal document and all attachments, and this information, I believe that the intestation on behalf of this facility including possible fines and impris-	that based on my inquiry of information is true, accurate and am aware that there are	those individuals i	mmediately respon m fully authorized t	sible for obtainin o make this
Signature:		Date:		
Print Name:		Phone	Number:	

5. Suggestions	
Part B: Facility Details	
•	
Please indicate the operational status	s of the facility by placing a cross in one box X.
1. Operational Status	
1. Operational Status Operated all of 2005	Did not accept waste in 2005.
<b>-</b>	Did not accept waste in 2005.  5, stopped/started accepting waste on / /2005.
Operated all of 2005 Operated only part of 2005.	

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#### Part C: 2005 Operations



Please record the tons of Waste Accepted for disposal for each waste type for each state of origin. Next, sum each waste type into the TOTALS column, then sum that column into the Total Accepted box. For questions about waste types or conversion factors refer to page 4 of the Instructions. Use the area below the table to provide any notes or clarifications.

- Round all amounts to the nearest ton.
- If the state of origin is not listed or an additional state is needed, fill in the blank column or cross out a state in an unused column and fill in the other state.
- If the waste type is not listed, use the "Other" line and fill in the name of the waste. If more "Other" lines are needed, cross out an unused waste type and fill in the other waste type name.

### 1. Waste Accepted

State of Origin									
Waste Type	MA	CT	ME	NH	NY	RI	VT		TOTALS
MSW									
C & D WASTE									
CONTAMINATED SOILS									
SLUDGE (WWTP)									
SLUDGE (WTP)	ı								
WOOD WASTE	I								
Tires	l								
ASBESTOS WASTE	l								
RECYCLING RESIDUE	l								
OTHER:	I								
OTHER:	l								
					-		Total Acc	cepted	

	-	
Notes:		

	ipal Contra				D: 10
Tons	Municij	pality		State	Disposal Contract End Date
Please prov	ide the followin	g pre-combi	ustion tonnages (to the neares	ton).	
			sses the combustion facility's		
			Recycler is used for each mate	erial, attach a	separate sheet listing the
	Recyclers and th		o each.		
3. Pre-C	Combustion I	andling	D' 10' N 0		
	Bypass		Disposal Site Name &		
Metal Recovery			Recycler Name & Town		
Non-Metal Recovery			Recycler Name & Town		
Please prov	ide the tonnage	burned (to t	he nearest ton).		
	city Utilizati				
n cupu	orej Communi	<b>711</b>			
Actual To	nnage Burne	d in 2005:			
Please prov	ide the followin	g details on	residuals/ash management (to	the nearest t	on).
<ul> <li>Expre</li> </ul>	ss ash tonnages	as disposed.	_		
	ills/Recyclers a		cler is used for each material, to each.	attach a sepa	rate sheet fishing the
5. Post-	Combustion	Residuals			
Metals	Recovered*		Recycler Name & Town		
Ash Bene	ficially Used		Type of Use		
	sh Disposed		Landfill Name		
A					

Management and Disposal Policy - SWM-7-7/88"?

Does the Combustion Facility have sufficient ash disposal capacity in accordance with the "Ash

Yes

No

Plea

Please provide the following information on the facility's Material Separation Plan.

#### 6. Material Separation Plan

In accordance with 310 CMR 7.08(2)(i), and the *Material Separation Plan Guidance for Municipal Waste Combustors*, applicable facilities must submit an annual progress report on their efforts to separate mercury from their waste streams. Please attach a separate sheet(s) describing the following:

- 1. How funds were expended
- 2. Progress in achieving the goals outlined in the Material Separation Plan, including:
  - Amount of designated material diverted and/or reduced and measurement methodology
  - Access and/or participation rates achieved for each activity
  - Market sectors and service areas targeted
- 3. Problems encountered
- 4. Any recommended changes to improve the Plan

#### **Part D: Waste Bans**

Provide the following information on the facility's compliance with waste control regulations in 310 CMR 19.017. If the facility does not dispose of any Municipal Solid Waste (MSW), or does not manage loads from vehicles capable of carrying 5 cubic yards or more of waste, then leave this section blank.

1. Monitoring and Inspections	Comprehensive Inspections	Ongoing Waste Stream Monitoring
Total Number of Loads Inspected		
Total Number of Loads Failing		
Number of Loads Failing Due to Quantities of Items Below:		- 1
CRTs		
White Goods		
Lead Acid Batteries		
Whole Tires		
Bottles and Cans		
Corrugated Cardboard		
Recyclable Paper		
Yard Waste		
Mixed (more than one material)		

, 	facility has taken to ensure that unacceptable quantities of restricted materials are not delivered to the facility.  2. Failed Loads						
		Charged the hauler a fee			Prohibited hauler from bringing waste to facility		
Ī		Other (specify):					

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### **Part E: Diesel Engine Emission Control**

Please record the number of Diesel Engines, if any, used in operating the site including stationary and mobile engines, but excluding vehicles that haul materials to and from the site. Also enter the number, if any, of on site Diesel Engines that have been retrofitted to reduce emissions.

#### 1. Diesel Engines

|--|

- Please fill in the grid using one line for each Retrofitted Diesel Engine on site using the codes defined by each bullet below. Attach additional sheets if necessary.
  - **Equipment Use/Type**: WM/C = Waste Movement/Compaction; EM/C = Earth Movement/Compaction; SUP = Support Function; STA = Stationary Engine
  - Fuel Type: OFF = Off-Road Diesel; ON = On-Road Diesel; ULSD = Ultra Low Sulfur Diesel
  - **Retrofit Type**: PF = Particulate Filter; OC = Oxidation Catalyst; OTH = Other.

#### 2. Diesel Retrofits

Line #	Equipment Use/Type (WM/C, EM/C, SUP, STA)	Est. Operation Hours/Week		Engine	Model & Year		Fuel Type (OFF, ON,	
		]			Retrofit Retrofit Type R		Retrofit Manufacturer	
1								
			/	/				
2								
			/	/				
3								
			/	/				
4								
	•		/	/			1	
5								
	ı		/	/				

Complete and	DEP Boston	If you have questions about this form, please download the
Return this form	One Winter St, 8th floor	detailed Instructions at
by <b>February 15</b> ,	Boston, MA 02108	http://www.mass.gov/dep/recycle/approvals/swforms.htm,
<b>2004</b> to:	Attn: Brian Holdridge	"Annual Solid Waste Facility Reporting", or call Brian
	-	Holdridge at (617) 292-5578.